

THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

H. A. COTTELL, M.D., Editor.

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THE AMERICAN PRACTITIONER,

A Sixty-four page Monthly Journal of

MEDICINE AND SURGERY.

EDITED BY

DAVID W. YANDELL, M. D., AND JOHN A. OCTERLONY, A. M., M. D.

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TO THE MEDICAL PROFESSION.

LACTOPEPTINE

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Certificate of Composition and Properties of Lactopeptine by Prof. ATTFIELD, Ph.D., F.R.S., F.I.C., F.C.S., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain.

LONDON, MAY 3, 1882.

Lactopeptine having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general character have become well known to me. But recently the manufacturer of this article has asked me to witness its preparation on a large scale, to take samples of its ingredients from large bulks and examine them, and also mix them myself, and to prepare Lactopeptine from ingredients made under my own direction, doing all this with the object of certifying that Lactopeptine is what its maker professes it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and tasteless pulverulent substance termed Lactopeptine is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, Lactopeptine is a skillfully prepared combination of meat-converting, fat-converting, and starch-converting materials, acidified with those small proportions of acids that are always present in the healthy stomach; all being disseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactic and hydrochloric—are the best to be met with and are perfectly combined to form a permanent preparation; the milk sugar is absolutely pure; the powder known as "diastase" or starch-digesting (bread, potato, and pastry-digesting) material, as well as the "pancreatin," or fat-digesting ingredients, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen equal to that made and used by the manufacturer of Lactopeptine. A perfectly parallel series of experiments showed that any given weight of acidified pepsin, alone, at first acts somewhat more rapidly than Lactopeptine containing the same weight of the same pepsin. Sooner or later, however, the action of the Lactopeptine overtakes and outstrips that of pepsin alone, due no doubt, to the meat-digesting as well as the fat-digesting power of the pancreatin contained in the Lactopeptine. My conclusion is that Lactopeptine is a most valuable digesting agent, and superior to pepsin alone.

JOHN ATTFIELD.

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For further particulars concerning Lactopeptine, the attention of the Profession is respectfully directed to our 32-page pamphlet, which will be sent on application.

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THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 31, 1884.

Original.

CLINICAL NOTES.

BY ROBERT C. KENNER, M. D.

One of the differences between the practice of physic now and fifty years ago is the attention we pay to the administration of drugs in palatable and elegant forms. When of old the physician was called, patients justly dreaded the huge draughts of infusions and decoctions which were sure to follow the invariable copious letting of blood. No one can look back upon that period and not thank the pharmacists for their great assistance in giving us fluid and alcoholic extracts, and sugar-coated pills, granules and capsules. Medicines of nearly all kinds to be sure are unpleasant, and it behooves the physician to formulate his prescription in such a way as to cover their nauseating or disagreeable properties when such is at all possible. The bitterness of Epsom salt can be almost effectually overcome by giving it in cider, and many other medicines can by simple means be made agreeable. For the last year I have ordered castor-oil emulsified in the following manner, and find that patients do not object to take it, as it has none of the oily taste:

R Ol. ricini, 3i;
Glycerine, 3ij;
Spts. menth. piperitæ, } aa 3ss.
Spts. lavend. co., }

M., and use in the same dose as that of the un-mixed oil.

In cases of weak or irritable stomach, this is an elegant and acceptable laxative which I have never seen to produce emesis.

For the last fifteen months I have used the ointment of the nitrate of mercury as an abortifacient remedy in the treatment of boils and whitlows with encouraging results. The boil, seen of course before suppuration,

is covered to about the thickness of an eighth of an inch with the ointment, which is maintained in place by a sufficiently large piece of surgeon's plaster. This I allow to remain on the swelling from twelve to twenty-four hours, when the inflammation is usually found to have almost or entirely subsided. This procedure in my practice has been successful, and I should like to see it have a more extended trial at the hands of the profession.

I have, in the last three cases of puerperal pyemia to which I have been called, pursued the following course of treatment: The patient suffering from diarrhea, frequent rigors with high fever and pinched countenance, was at once put upon intra-uterine injections of a thirty-per-cent solution of carbolic acid, given at least three times a day as long as any pyrexia existed. I gave the sulphate of quinia for its antipyretic effect, and in such quantity as would produce this result, which was generally from twenty-five to forty grains in twenty-four hours. The patients were given frequent doses of whisky, which I think acted charmingly in supporting them in the great depression and exhaustion. I ordered also the bodies sponged frequently with cold water and a wet napkin laid over the forehead, as a means of contributing to the comfort of the patients. The diarrhea, which is so very annoying, can only be relieved by first administering a laxative, and after it has evacuated the bowel to commence the use of opium and lead, or bismuth. The sick stomach and headache in my cases were found amenable to bromide of sodium in ten-grain doses every two hours. Many authorities have recently written a good deal on the subject of the intra-uterine injection of carbolic-acid solution, which was the basis of my treatment in these cases, and I hope my experience with it may lend some force in gaining for it a universal hearing.

I believe the idea set forth by some one, to have the nurse in every case of confinement to syringe out the vagina with a mild tepid carbolized solution to be an excellent one and capable of preventing many cases of childbed fever. It is the commonest thing for the obstetrician's interference to be asked in cases of stoppage of the discharge or of its offensiveness; and I believe if this was insisted on, these petitions would cease, as nothing is better to re-establish the discharge than warm injections. I therefore believe this mode of practice will obtain to the extent of any of our recognized obstetrical procedures.

SOUTH CARROLLTON, KY.

A CASE OF PROLONGED GESTATION.

BY B. BUCKLE, M. D.

Formerly Demonstrator of Practical Midwifery, University of Louisville.

I was called to see Mrs. X. on June 5, 1883, and there met my friend, Dr. Gunterman, who related to me the following history of the case: He was called hurriedly on the night before to the patient, found her in a convulsion, or having just come out from one, with a dislocated inferior maxilla. This he replaced and prescribed for the patient. In seeking the cause of the convulsion he remarked that the patient had vomited, and the matter ejected from the stomach presented the odor of ergot. We ascertained that the patient had menstruated last on May 1, 1883. Our conclusion was, that having missed on June 1st the regular time she, perhaps by the advice of some kind lady friend, had taken ergot to bring on menstruation with the above result. She recovered promptly and completed her gestation, delivery taking place February 25, 1884.

This, counting from date of last menstruation, would place the delivery at three hundred and one days from that time. The usual duration of pregnancy is set down at two hundred and seventy to two hundred and eighty days. It is customary in calculating the time for expected delivery, to reckon from the last day of menstruation and, counting back three months, to add a certain number of days sufficient to make two hundred and eighty in all. Adopting this method of calculation for the above case, and taking May 3d as the last day of menstruation, brings us to February 4th, two

hundred and eighty days, as the expected date of delivery, which took place, as stated above, February 25, 1884, making in all a prolongation of gestation of twenty-one days.

LOUISVILLE, KY.

Miscellany.

A HIGH COMPLIMENT.—In the able paper prepared by the late Prof. S. D. Gross for the American Surgical Association, the following paragraph may be found:

"It is a rule with all educated surgeons to do the work which they are called upon to perform in as complete and thorough a manner as possible, and nowhere is this precept of greater importance than in the treatment of wounds of the intestines. A case recently reported by Prof. W. O. Roberts, of Louisville, Ky., will aid me in illustrating my meaning. A man was cut in the abdomen with a pocket-knife; the wound was three inches long. The bowel protruded, and was pierced at two points, one opening being of the size of a common lead-pencil, the other of a pea. The knife in its passage had stripped off the serous membrane over a space of one inch by one quarter. There were two slits in the mesentery, each one inch in length; and the patient had lost much blood. The mural wound was closed by sutures which embraced only the skin and superficial fascia. None of the bleeding vessels had been secured, and active bleeding was still going on from three points in one of the wounds in the mesentery, the other being occupied by a clot. It was in this condition that the man was found by Dr. Roberts, shortly after his wounds had been dressed by another surgeon. Satisfied at a glance that the case had not been properly managed, Dr. Roberts reopened the mural wound, secured the bleeding vessels with carbolized catgut ligatures, stitched the openings in the gut more thoroughly, washed out the peritoneal cavity with hot carbolized water, and closed the abdominal wound with deep sutures, completing the dressing by inserting a drainage-tube in the lower angle of the wound. Under this treatment with proper subsequent care the man made a rapid recovery. Had the dressing originally applied been allowed to remain, death would have been inevitable; either from hemorrhage, peritonitis, or peritonitis and septicemia. The case affords a happy exemplification of hasty, careless, slovenly

surgery on the one hand, and of thoughtful, wide-awake, scientific surgery on the other."

BERZELIUS.—The world is largely indebted to Jöns Jakob Berzelius, the son of a poor farmer in Ostergotland, Sweden, who first saw the light on the 20th of August, 1779. There must have been in the boy some traces of the future man; for we find that his step father, A. Elmark, of Ekeby, when he was only nine years old, said to him one day when they were together, "Jakob, I think you will tread in the footsteps of Linnæus, or be another Cartouche." Berzelius became, indeed, greater than either of the great men brought before his youthful mind by the amiable old man Elmark. He became one of the most illustrious of modern chemists; and it is doubtless true, as has been stated by Berzelius, that, from the moment when the prediction of his step-father fell upon his ears, he resolved to be great. How true it is, that often a single remark made to a child changes or influences his life-destiny! We can depress or lift up our children; we can mold and fit them for positions of distinction and usefulness, or we can turn them into the narrow defiles leading to misery and obscurity.

He succeeded in entering the gymnasium school at Linköping, and ultimately the University of Upsala. In 1798 he began the study of chemistry, and made great progress. In 1800 Volta invented the galvanic battery, and Berzelius was one of the first persons in Europe to observe the greatness of this discovery. It was indeed *great*. All the marvelous electrical inventions of our age are based on that discovery of Volta eighty-four years ago.

In 1803 Berzelius became a professor of physics, and rapidly founded a new school of physiology, and threw new light on many difficult points connected with the chemical and physical characteristics of animal life. The electro chemical theory originated with him; and his works on physics, chemistry, and physiology, gave method, stability, and accuracy to these departments of science, which were before wanting. His treatise on the "Fixed Proportions and Weights of Atoms" was a wonderful paper for the time in which it appeared; and his researches on blow-pipe analysis were new and original. Berzelius enlarged the boundaries of human knowledge in a wonderful degree, and mankind are indebted to him greatly for the present extended field of scientific fact.

Honor after honor was heaped upon him so long as he lived, which was until the year 1848. He died August 7, 1848; and he must be regarded as the greatest name in science of which Sweden can boast.—*Popular Science News*.

AMERICAN CLIMATOLOGICAL ASSOCIATION.—The members of this new organization assembled for their first annual meeting in the hall on the northwest corner of Sixth and F streets, Washington, on Saturday, May 3d, at ten o'clock A.M. The members present decided to devote their time to the consideration of the report of a committee on constitution and by-laws, and such matters as related to the completion of their organization, and postponed the reading of the papers until Monday morning, when, it was hoped, a larger number would be in attendance. Among those present were Dr. Charles Denison, of Denver; Dr. Frank Donaldson, of Baltimore; and Dr. A. Y. P. Garnett, of Washington. The first-named had a long and interesting paper on "Dryness and Elevation the Most Important Elements in the Climatic Treatment of Phthisis." It is illustrated by maps and charts, and is based largely upon his personal observations during many years of residence and practice in Colorado. The second presented a paper on "The Climate of Large Cities Dangerous to Consumptives."

NUSSBAUM, of Munich (Philadelphia Med. Times), places a few drops of oil of cloves upon the towel before administering chloroform. He claims that this will overcome the repugnance in certain patients to the odor of this anesthetic. The addition of one part to six of cologne to ether makes it more easy of administration in some cases.

A NEGATIVE THERMOMETER.—The ordinary mercurial thermometer is, as is well known, based on the dilatation of bodies by the action of heat, and on the difference of dilatation between mercury and glass. A new thermometer, in which the mercury-column sinks with a rise of temperature, has been introduced by M. D. Latschinoff, who has based his instrument on the discovery of Kohlrausch, that the dilatation of ebonite is greater than that of mercury. Latschinoff has made the reservoir of his thermometer of ebonite; and the result is, that the level of the mercury falls in it when the temperature rises, and, on the contrary, rises

when the temperature falls. A rise of 20° C. lowers the mercury twenty-five millimeters. The result is curious; but ebonite is so untried a substance for thermometry, that it remains to be proved whether it will give accurate and constant indications with lapse of time.—*Popular Science News*.

THE HEROISM OF DOCTORS.—Dr. J. Williamson, in a recent address before the graduating class of the Iowa College of Physicians and Surgeons (Iowa State Medical Reporter), draws the following picture of heroism and devotion among the physicians of Virginia in the days of our fathers. Its parallel was witnessed in the great yellow-fever epidemic of 1878: "It was in 1848, was it not? that an epidemic of cholera broke out in Norfolk, Virginia; so deadly in character was it and so rapidly did it spread that the city was soon panic-stricken, and all who could left at once. Resident physicians were soon exhausted from overwork, while some of them fell victims to the fatal scourge. A cry for help went out, and here and there, coming up from town and country, might be seen physicians leaving home and friends, heedless of personal danger, hastening to rescue the perishing. For days the pestilence raged, and as one after another of these brave ones fell others went forward to take their places. It was a time of the deepest gloom. Silently and alone they walked deserted streets by day and night, engaged in a combat wherein no martial music or battle's din was heard to support their courage. The pestilence came to an end, and so too did the lives of forty of these brave ones who had come forward at duty's call. They died and were buried; yes, *hastily* buried, and there their story ends. No stately shaft marks their resting-place. Few, indeed, have ever heard that any such precious offering was there made on humanity's altar; and why? Because it is expected that physicians be always ready to do just as they did. Nothing remarkable if therefore so soon forgotten. Religion may count her martyrs; Patriotism may point to blood-stained fields made historic by deeds of heroism; and Science may boast votaries whose lives went out in Arctic snows, but I know of no instances that transcend in sublime moral heroism the self-sacrifice of these forty forgotten worthies; and none whose names more deservedly belong on the roll of the immortals."

THE AMERICAN SURGICAL ASSOCIATION closed its regular annual meeting in the city

of Washington, May 3d, 1884, after a session of four days. Its place of meeting was the lecture-room of the National Museum Building, Smithsonian Institute. About fifty members were present. Many papers were read and discussed, the papers and the discussions attesting the fact that surgery in America is abreast with the advanced line of progress in European countries. The usual annual dinner was omitted. The following officers were elected for the ensuing year: President, Dr. William T. Briggs, of Nashville, Tenn.; Vice-Presidents, Dr. J. C. Hutchison, of Brooklyn, N. Y., and Dr. E. H. Gregory, of St. Louis, Mo.; Secretary, Dr. J. R. Weist, of Richmond, Ind.; Treasurer, Dr. John H. Brinton, of Philadelphia, Pa.; Recorder, J. Ewing Mears, of Philadelphia, Pa.; Council—Drs. H. F. Campbell, of Augusta, Ga.; Hunter McGuire, of Richmond, Va.; P. S. Connor, of Cincinnati, O., and J. S. Billings, of Washington, D. C. Washington was selected as the place for the next annual meeting, and Dr. J. S. Billings as chairman of the local Committee of Arrangements.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.—The annual meeting was held in Washington, May 5th. The annual address was delivered by Leartus Connor, M.D., Editor *Detroit Lancet*, President, on "The American Medical Journal of the Future, as Indicated by the History of American Medical Journals of the Past." Remarks were made by Dr. Shoemaker.

Dr. N. S. Davis, of Chicago, opened the discussion on "How Far Can Legislation Aid in Elevating the Standard of Medical Education in this Country?" It was participated in by Dr. Henry O. Marcy, Dr. William Brodie, and Dr. A. N. Bell. Dr. J. M. Toner invited the Association, when it adjourned, to meet at his house to discuss special subjects and things.

Officers for the ensuing year were elected as follows: President, Dr. H. O. Marcy, of Massachusetts; Vice-President, Dr. J. V. Shoemaker, of Pennsylvania; Secretary, Dr. H. O. Walker, Associate Editor *Medical Age*, Detroit, Michigan.

HELLER'S TEST FOR ALBUMEN.—Dr. Boenning, of Philadelphia (*Medical Times*), suggests the following modification of this test: The nitric acid is poured into a test-tube, heated to the boiling point, and then overlaid with the urine. The heating of the acid is to hold the urates in solution.

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.

A Journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year in advance, postage paid.

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INOCULATION AGAINST HYDROPHOBIA.

A special cable dispatch, dated May 19th, from Paris to the Cincinnati Commercial-Gazette, brings the wonderful intelligence that Pasteur has found the long-looked-for remedy for hydrophobia; that he has been able to reduce the virulency of the rabies virus by passing it through certain animals, and that he is now ready not only to protect dogs against hydrophobia, but is confident that he can prevent the development of the disease in any person bitten by a mad dog.

To use his own (alleged) language: "From to-day any body bitten by a mad dog has only to present himself at the laboratory of the *École Normale*, and by inoculation I will make him completely insusceptible to the effects of hydrophobia, even if bitten subsequently by any number of mad dogs."

Pasteur has been investigating this subject for about four years. In experimenting upon animals his first observation was that the *virus rabique* lost intensity by transmission through some species of animals, but gained force in passing through others. In the rabbit the intensity is increased; in the monkey the intensity is diminished. Having settled this point, he took virus from the brain of a dog, dead of acute hydropho-

bia, and with it inoculated a monkey. The animal died of the disease, but served to reduce the strength of the virus, which was used for the inoculation of a second monkey. The virus from the second was used upon a third animal, and so on until a virus was obtained "so weak as to be almost harmless." After this process of reduction by transmission through the monkey, the "weak and almost harmless" virus was potentialized by a series of inoculations through rabbits, the maximum intensity being reached in some rabbit (not stated) beyond the fourth.

A dog was now taken and inoculated first with the weakest virus from the first rabbit, then with stronger virus from the second, and lastly with the virus which had regained its maximum intensity. This animal, a few days subsequently, was treated with virus taken directly from a dog just dead of acute madness, and proved to be completely insusceptible to hydrophobia, giving negative results after frequent repetitions of the experiment.

The investigation did not stop here; two healthy dogs were next taken, and both were inoculated with virus from a dog, dead of acute hydrophobia. One of these dogs left to himself soon developed the disease, from which he died in due time. The other was submitted to three inoculations of the modified virus obtained from the rabbits as described above, the weakest being first used and the strongest last. Under this treatment the animal "became completely insusceptible to hydrophobia."

The dispatch closes with the following sweeping remark which, it is claimed, was made by the author: "Whoever gets bitten by a mad dog has only to submit to my three little inoculations and he need not have the slightest fear of hydrophobia."

Taking with due caution the testimony of an unauthenticated dispatch, and explaining its boastful language and somewhat unscientific development of the subject upon the theory that M. Pasteur's diction may have increased in intensity and his scientific conclusions have suffered marked modifica-

tion by transmission through the medium of a newspaper correspondent and three thousand miles of submarine cable, we may accept the account as substantially true.

If Fido is ever to be disarmed of his deadly venom, the method of its accomplishment must be sought through the medium of modified virus obtained by repeated inoculations in some one or more species of the lower animals.

It is well known that the distinguished French scientist has long followed this special line of investigation relative to other affections with already wonderful results, and the scientific world is therefore prepared to hear that he has unraveled the mystery of rabies and pointed out its specific prophylactic. But while we are anxious to believe that the means have been found by which this most terrible of all diseases may be rendered powerless to afflict mankind, being through inoculation modified and restricted to the circle of his carnivorous pets, we shall restrain our enthusiasm until some well-authenticated report of Pasteur's discoveries in this department of research shall come to hand.

PROF. GROSS'S LAST WRITINGS.

The Philadelphia Medical News, of May 24th, publishes the last literary production of the great surgeon. It is entitled Lacerations of the Female Sexual Organs Consequent upon Parturition, and was prepared for the obstetric section of the American Medical Association, before which it was read on the 8th instant, two days after the writer's death. The paper is written in the best style of its author, and shows that, whatever may have been his bodily infirmity, his mind retained its wonted vigor to the last. Another paper on Wounds of the Intestines was prepared for the American Surgical Association by Dr. Gross. This article is also in every way worthy of the distinguished writer. It was read on April 30th, while its author lay upon his death-bed.

"Let me cease to work and live," said Wesley, when he reached old age. The same spirit was in Gross, who, when he had passed beyond the age at which most men retire from active life, undertook and carried out the great task of revising his work upon surgery, and wrote for the edification of the fellows of the two associations which he loved while his feet were standing on the verge of the grave.

THE KENTUCKY STATE MEDICAL ASSOCIATION.

The State Society convenes in Bowling Green on Tuesday, June 3d. The usual commutation in railroad and hotel rates is secured; an excellent programme is prepared, and the committee of arrangements has put every thing in readiness for the classic Kentucky welcome.

A good number of papers have been promised which, with the usual quota of volunteer reports and essays, will insure ample material for discussion, while business of great importance to the profession in Kentucky, it is said, will be transacted during the session.

We believe that the wisdom of the management in postponing the meeting until after the close of the national Association will stand approved by a large attendance, spirited sessions, and transactions of unusual worth.

PROF. J. W. HOLLAND.

At the fourteenth annual meeting of the Alumni Association of the Jefferson Medical College, Philadelphia, Dr. J. W. Holland, of Louisville, was selected to deliver the next annual address.

The late Professor S. D. Gross, who was present, commended "the selection of the orator as a wise and judicious appointment," declaring Prof. Holland to be "a gentleman who would reflect great credit upon the Association."

The many friends and students of Prof. Holland who have been privileged to sit under the spell of his rare eloquence will be glad to hear of this well-merited honor, and will be ready with us to assure the alumni of Jefferson that the prophecy of Prof. Gross will find its due fulfillment at the next meeting of their Association.

Medical Societies.

THE LOCALIZATION OF PERINEPHRIC LESIONS BY MEANS OF CLINICO-ANATOMICAL STUDY.*

BY JOHN B. ROBERTS, M. D.

Professor of Anatomy and Surgery in the Philadelphia Polyclinic.

The author stated that his paper was suggestive rather than demonstrative or conclusive; and that he hoped the Fellows of the Association would investigate all cases of perinephric disease which they met with a view to definite localization. The lesions liable to involve this region primarily, or secondarily, are inflammation, abscess, cancer of the kidney, cystic degeneration, renal calculi, hydronephrosis, etc. The early recognition of the exact seat of such lesions can only arise from study of anatomical relations and clinical histories. The importance of such localizing knowledge will not be gainsaid in these days of nephrotomy, nephrectomy, and kindred operations. As the study of cerebral localization has now advanced beyond the stage of speculative physiology and has become of practical value to the physician and surgeon, so will the study that leads to localization of perinephric lesions become of future value. The symptoms and signs which must guide us in fixing the exact sites are those due to extension of inflammation to adjacent structures and those caused by increase of bulk at the seat of disease. These may be termed the localizing symptoms as discriminated from the inherent symptoms of the lesion itself.

Although there are no dividing lines separating the perinephric area into tracts, it is convenient to speak of upper, middle, and lower anterior, and upper, middle, and lower posterior tracts.

The speaker then discussed the varying

*Abstract of a paper read before the American Surgical Association at Washington, D. C., May 2, 1884.

symptoms likely to be produced by lesions in these different tracts; and from the clinical histories of cases reported by himself and others and from anatomical study deduced the following conclusions:

A table of symptoms of probable and possible value in localizing perinephritis and perinephric lesions.

All anterior regions: Pain, tenderness, swelling, edema, pointing, etc., in front and side of abdomen.

All posterior regions: Pain, tenderness, swelling, edema, pointing, etc., in the loin.

Upper tracts: Pleuritic friction, pleural effusion, empyema, expectoration of pus, dyspnea, suprarenal involvement, solar plexus involvement. If on right side, bilateral edema of legs, jaundice, fatty stools, persistent vomiting, rapid emaciation, ascites.

Middle tracts: Albuminuria and casts, suprapubic, scrotal or vulvar pain or anesthesia, suppression of urine, uremia, pus in the urine, edema of scrotum or varicocele (especially on left side).

Lower tracts: Flexion of hip, pain or anesthesia of front, inside, or outside of thigh, retraction of testicle, pain at knee, scrotal or vulvar pain or anesthesia, without accompanying albuminuria, unilateral edema of legs, abscess or sinus near Poupert's ligament, constipation (if left side), involvement of chyle receptacle (if right side).

Obituary.

George W. Beard, M. D., died in Louisville, at the residence of his relative, Dr. R. B. Gilbert, on Wednesday, May 21st, of uremic coma, his death being hastened by an ordinary dose of morphine, taken to induce sleep at bedtime on the night of the 19th inst. He had been complaining of restlessness for several weeks, but not regarding himself as a sick man had kept at his work. His real condition was not made clear until the second day after he had been found unconscious in his bed, at which time he had outlived the toxic effect of the opiate. It was then that an examination of his urine showed albumen in large amount. This condition of albuminuria probably explains the fatal result of the medicinal dose of morphine.

Dr. Beard was a graduate of the Medical Department of the University of Louisville, but had never attempted the practice of his

profession. Some years ago he turned his attention to pharmacy, and securing a position with Messrs. Colgan & McAfee, of this city, soon attained to skill and efficiency in this calling. At the time of his death he was thirty-two years of age and unmarried. He had lived in this city for about seven years.

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Correspondence.

REMINISCENCES OF THE LATE PROF. L. P. YANDELL IN THE OLINIOS.

Editor Louisville Medical News:

It was in the clinics that the professor, now departed, shone brightest. In the amphitheater, at the side of the broken-down man, or bending over the pale child, or comforting the wretched woman he stood; and turning to the eager faces of the students, with his gentle yet manly voice he would tell them of the disease and the means of fighting it—so I behold him now.

Lunsford P. Yandell was not a theorist and hobby-rider, as some physicians seem to think, but an ardent believer in experience and in facts which had stood the crucial test of time. Here are his words: "Take not a man's word, nor a book's, nor that of a pamphlet, nor that of an article, immediately for the truth. Give each one a chance by applying, yourselves, the proof to what is said, and then accept it or discard it, as the case may be. Whenever I tell you any thing seemingly new, or startling, or contrary to the teachings of authorities, or of men whose dust even is no more, I do not wish you to believe me blindly. Try for yourselves, pry into the matter, study it well, only then will you know whether or not my words are true."

In diagnosing a case he was very discriminating and wary, at the same time self-reliant. Indeed, to quote from Mr. Blaine's new work where he speaks of Abraham Lincoln, we may also of the doctor say, "Altogether modest, he had confidence in himself, trusted to the reasoning of his own mind, believed in the correctness of his own judgment." His questions to the patient were short and to the point. The voice, the face, the general deportment, frequently offered to his quick perception better clues to the malady than the answers of his patients. These latter he always took *cum grano salis*. From the premises gained by his examinations he drew his deductions acutely, clearly, forcibly, and yet simply

enough to allow the dullest student to comprehend him.

One of his favorite teachings was, that although the forms and manifestations of disease were numberless as the ocean waves, yet their causes could be counted on one's fingers. Again, he laid stress on the fact that only a *certain grouping* of symptoms was indicative of any certain disease; for the same symptom may be produced by a thousand different pathological conditions. *Apropos* of this, I well remember the case of an emaciated little girl who was seriously troubled with a cough. The professor had examined the patient in the reception chamber, and he now proceeded to quiz the students about the case, and for appropriate prescriptions. No answer proved satisfactory. To our astonishment he then ordered calomel and santolin, of each five grains, to be given at night, and a dose of castor oil in the morning. He explained, "This is the proper expectorant for the case, gentlemen. Intestinal worms are here the cause of the cough, which is reflex. When you have a thorn in your hand and pains shoot along your arm, do you apply a liniment to the arm? You remove the cause—you take out the thorn. This we have now done. Cough is only a symptom of disease. This symptom may be due to lung-trouble, traumatic, catarrhal, inflammatory, phthisical, syphilitic, to throat-trouble, to derangements of the stomach, to diseases of the ear, to constipation, to intestinal worms, to uterine disorders, to hysteria, to a thousand diseases. Would you give opium to allay a cough due to constipation? Who, if he has had any experience whatever, has not seen a severe cough come on immediately with an attack of malarial fever, and pass off as quickly with it? Does not common sense teach you how to treat such a case?"

"There is another very common symptom of disease, back-ache, which is often treated empirically. Do not call it lumbago, and administer externally a plaster and internally morphine, without a previous thorough examination. Back-ache may arise from diseases of the bladder, of the kidneys, the liver, the spinal column, and of the spinal cord, from rheumatism, neuralgia, metrorrhagia, displacements of the uterus, from simple menstruation, and so on. In any disease, gentlemen, find the cause, and if that is removable, and *has not existed too long*, you will most certainly cure the case."

The subtle poison, malaria, never escaped his alertness. Said he, "Because the enemy is so common and so easily conquered, should we be less on our watch? Ah, I tell you, malaria has been the death of thousands when it was not even suspected. Let him sneer, the fool who glories in his ignorance; be you wise, and work for the good of your patients and your own reputation."

The only instance that I recollect in which Dr. Vandell made an attempt at theory, was when he spoke as follows:

"The physiologists, those foundation-layers of the grand edifice of medicine, have proved that there is in the normal human body an *animal quinoidine*,* a bitter principle clinically identical with the quinine of the vegetable world. We know that a surgical operation, parturition, menstruation, or, in short, any thing that calls upon the system for heightened vital action, or, on the other hand, lowers the vital energies, lays the system open to the ravages of malaria. We may suppose that this animal quinoidine is the natural antidote to the malarial poison, and that various occurrences, such as the above mentioned, prevent its formation, and thus allow malaria to play havoc in the system.

"But, putting all supposition aside, I will give you a few facts. I had under my care a number of cases of abortion, the cause of which I could discover only after great pains. Syphilis, the most frequent factor in such cases, was absent. I found the hidden origin to be malarial, and by quinine prevented all further abortions in these persons. Some authorities warn you never to use this medicine in pregnancy, or, if absolutely necessary, at least with extreme caution. Of course, if there are no indications for the medicine, you will not give it. But malaria, next to syphilis, is the most frequent source of abortion; and why should you be afraid to use the sword against your enemy because it is sharp? I affirm it is criminal not to use the proper antidote here. Gentlemen, you will often prevent abortions, puerperal fever, milk-leg, cracked nipple, erysipelas, and many other disorders by using quinine properly in pregnant females. I speak from experience."

Thus he taught, and although but few years have passed since my student days, I have had cause to thank him many times for these words.

*See Proceedings of Royal Society, Vol. xv, No. 83. Dr. Bence Jones and M. A. Dupré.

The doctor had much faith in the healing powers of nature, though, as a well-informed and earnest physician, he also placed great confidence in the healing powers of his art. Hand in-hand, nature and art worked great results for him. His prescriptions were never of the "shot-gun" kind; he aimed to make them as simple as possible. He would exhort his pupils to use one medicine by itself whenever practicable. "Watch its effects closely then, for this is the only way by which the few specifics we have were discovered, and in no other manner can we hope to progress in therapeutics." However, all scientific and long-tried combinations of medicines received his sanction. Trifling or harmful tinkering with medicinal agents he abominated. For instance, he severely denounced the indiscriminate application of "that great harmful humbug," castile soap and water to all kinds of sores and wounds. Details he never slurred over. This is shown by some of his maxims, to wit:

"There is an exact time, an exact dose, and an exact shape in which to give a medicine."

"Details make up the whole. If any of these are deficient the result will be deficient."

"Examine your patients minutely and you will arrive at a proper diagnosis; hurry over the ground negligently and you will go wrong."

His clinical lectures were interspersed with many bright anecdotes. Some of these were incidents in the late war, others were stories of his personal contact with eminent men of our profession in this country and in Europe. Often he would cause a smile of delight to flit over the wan faces of the sick by some happy saying, either witty or full of consolation and hope.

Lunsford P. Vandell was a handsome man; in dress scrupulous, in manners and conversation a perfect gentleman. These latter attributes have caused some envious men foolishly to call him proud. Toward all his students, especially to the more timid, he was as a friend, or a brother, or a father.

His words of encouragement which cheered me in the past, and his many invaluable precepts which do me good service now, and upon which I shall lean in the future, prompt me to pen these recollections of my beloved teacher.

FERDINAND, IND. PAUL KEMPF, M. D.

Selections.

A YEAR'S EXPERIENCE IN TRACHEOTOMY.

George W. Gay, M. D., writes, in the Boston Medical and Surgical Journal: During the year 1883 I performed tracheotomy twenty-one times for croup. Eleven patients recovered. All but one, a fatal case, were treated in the City Hospital. The cases were not selected, every one coming under our charge being operated upon if requiring it.

Many of the patients had diphtheritic croup, a few membranous, and, occasionally, it was not easy to make an exact diagnosis. Cases presenting enlarged glands and a nasal discharge early in the disease were undoubtedly diphtheritic. On the contrary, cases beginning as an ordinary cold, with no membrane visible in the fauces, no septic symptoms, but having a severe and constant dyspnea, were called membranous croup. It is not of the utmost importance that much time be spent in discussing the difference between the two varieties of croup, considering the fact that both are extremely dangerous to life, and that both demand essentially the same treatment. Suffice it to say, that all of the cases presented severe and continued dyspnea, due to an acute laryngeal obstruction of from one to five days' duration.

One patient was twenty-four years old (died); the age of the others varied from eleven months to nine years; a majority were four or five years old. The youngest who recovered was three.

The duration of the disease at the time of the operation ranged from one to eight days; the dyspnea from one to five days. As a rule the shorter the period of obstructed respiration the more favorable the result.

No ether was used in eight cases, and only a few whiffs in the others; merely enough being given to partially control the struggling and fright. Generally the patient had rallied from the anesthetic before the tube was secured in its place.

Two children died of shock and septicemia a few hours after the operation; the other fatal cases survived from two to five days. None died from hemorrhage. Death resulted from either bronchitis or blood-poisoning. Every case but one derived more or less temporary relief from opening the trachea, and, so far as I know, no life was shortened by the operation. The upper

rings of the trachea were usually incised, and also the isthmus of the thyroid, if necessary. In a baby lately operated on at the age of nine months the cricoid cartilage was divided with the result of greatly facilitating the introduction of the tube.

Venous hemorrhage was quite free in many cases, but no trouble was ever experienced from blood getting into the bronchi. By inserting a tenaculum or hook into the trachea just below the cricoid cartilage and lifting it up the windpipe is under control, and it is not necessary that the rings be exposed before they are divided. At all events I have not found it to be so in many of my later operations. Beginners, however, had better see the rings before they cut them. The tube having been secured by tape, a piece of cotton flannel spread with cosmoline is placed between the plate and the skin to prevent irritation.

After Treatment: Milk, ice-cream, and beef tea were the favorite articles of food. Nourishment was also administered by the rectum. Alcohol was never given unless the patient exhibited symptoms of marked exhaustion, when champagne was added to the diet. Several of the successful cases received no liquor during the treatment. Quinine and aromatic spirits of ammonia were given in every instance, while iron and chlorate of potash were not resorted to.

Next to nourishment I consider *steam* to be the most important part of the treatment. It is conducted from the radiator through a rubber tube, and directed upon the neck of the patient. The vapor is warm, moist, and does not condense in sufficient quantity to saturate the clothing. Atomized or medicated liquids are not used at present. Lime-water often produced a disagreeable erythema of the face, and thinking that possibly it might act as an irritant to the air passages, pure steam was substituted, and so far it seems to act as favorably as did any of the sprays formerly in vogue.

In all cases the patient received steam half the time, while to the more serious it was constantly supplied. The very great benefit derived from breathing the warm vapors was demonstrated beyond a doubt in many instances. Under its use the secretion would soften, the respiration would become easier, the child would become quiet, and fall asleep. The importance of a constant and generous supply of steam can not be overestimated in this affection.

In the favorable cases the tube was worn from six to fifteen days; the average time

being nine days and a half. I have found the most satisfactory way of getting rid of the tube to be as follows: At the end of a week, if the respiration is free, the tube is taken out quietly, and the child is let alone. No trials are made to see if he can breathe through his mouth. As the tracheal wound contracts natural breathing through the larynx is gradually restored. With one exception this plan has worked well. In the case of a little girl, after the tube had been taken out, occasional attacks of dyspnea would come on, which were relieved by the nurse's opening the wound with the dilator, and turning on more steam. The child soon learned to call for this instrument whenever she felt an attack approaching. The use of the tube was not again resorted to, and in a few days the dyspnea ceased, and the patient recovered.

I can not close this paper without calling attention to the importance of having intelligent, skillful, and devoted nurses in charge of these patients. Two sets are necessary, one for the day and another for the night, and they should have received special instruction in taking care of the tube, and also in removing or replacing it in an emergency. I can not but feel that my success during the past year was due in no small measure to the admirable care which the patients received from the nurses of the hospital training school.

THE SURGICAL ABUSE OF SPONGES AND OF SILVER WIRE.—Under the somewhat sensational title of "Seven Surgical Follies," Dr. John B. Roberts (Polyclinic, February 15th,) considers what he calls the ether folly (the abandonment of ether for chloroform on account of lack of knowledge of how to secure anesthesia by the former), the incision folly (too short incision), the styptic folly (use of styptics to control hemorrhage), the adhesive plaster folly (plaster in place of sutures), the dose folly (inadequately small doses), the sponge folly, and the suture folly. On these last two points he says:

"What I term the sponge folly is the habit of employing sponges for absorbing blood from wounds, when napkins or towels are always obtainable, and are far less liable to introduce septic material into the wound. Sponges, while too expensive to be thrown away after each operation, are cleaned with great difficulty. Servants and nurses, therefore, not appreciating the importance of thorough cleansing and disinfection, often

neglect this duty. Hence I prefer towels, and if I do an operation at a patient's house, always use clean towels obtained there. Thus I secure an almost certain immunity from purulent or septic dirt in the articles used for absorbing blood. Perfectly clean surgical sponges are the exception, but clean household towels are the rule. At the polyclinic I use for this purpose, to a considerable extent, Japanese paper napkins, which are thrown away after being once used. Absorbent cotton is too expensive for such uses, except to a limited extent, and besides, has a tendency to leave filaments entangled in the wound."

[We learn by a note in another part of the same journal that these Japanese napkins are found by Dr. Roberts as efficacious and clean as cotton ones, and are so cheap that they can be thrown away after being used. They cost from \$6 to \$7.50 a thousand. The cost of washing a large number of ordinary towels is thus avoided. The paper towels are scarcely suitable for drying hands after washing, unless several towels are used at once, because the large amount of moisture on the hands soon saturates a single towel. For removing blood from wounds, a paper towel is crumpled up into a sort of ball and then used as a sponge. Such balls absorb blood rapidly. The crude ornamental pictures, in color, on the towels, are of no advantage, nor are they, so far as is known, any objection.]

Regarding the "suture folly," he says:

"I do not refer to the erroneous opinion, long held, that sutures should not be used in the scalp. This tradition has been disproved so often that few surgeons would now hesitate to use sutures as freely in the scalp as elsewhere. What I call the suture folly is the adherence of many to the theory that silver wire only should be employed for suturing purposes. Nothing could be more fallacious. Do we use silver hare-lip or acupressure pins? Why, then, employ silver sutures, when iron wire is stronger and far cheaper? When large and gaping wounds require the sutures to stand much tension, silver wire, if used, must be very thick. Iron wire of much smaller diameter, and therefore much more flexible, gives an equally strong suture, and in addition to being better adapted to the purpose is much cheaper. I recollect that, in hospital practice, nearly eight years ago, I discarded silver wire, which cost one dollar for each small coil, and bought, at a hardware store, enough iron wire for ten or fifteen cents, to

last many months. The nicest iron wire I have seen, and which I now use for the purpose, because it is strong, very flexible, and free from elasticity, can be bought for five cents a spool. If it becomes a little rusty, it can be rubbed clean in a moment, should the operator object to the small amount of oxide of iron upon it."—*Boston Medical and Surgical Journal*.

MULTIPLE HEPATIC ABSCESS IN A BOY OF ELEVEN TREATED BY INCISION, WITH RECOVERY.—At a recent meeting of the Clinical Society of London, Dr. Samuel West reported the following case:

A Jewish lad, aged eleven, who had never lived out of London, had a rigor on January 21st, and pain in the right hypochondrium. He was brought to hospital on February 20th, with evident hepatic abscess, extremely ill, and with a temperature of 105°. On February 23d a large abscess was aspirated, and thirteen ounces of greenish sweet pus was removed. Four days later a free incision was made, and seven and one half ounces of turbid purulent fluid escaped; a second abscess was discovered and aspirated, when one ounce of blood-stained pus was discovered. On March 6th the two last swellings were again prominent, and were freely laid open, and a drainage-tube inserted. On April 9th a fresh abscess was found, explored, and then freely laid open. From this time convalescence commenced, interrupted only by a diffuse abscess in the abdominal walls, which healed alone on being opened and washed out. The points of the case were the following: (1) The age, eleven years. (2) The number of abscesses, three or four, and probably more. (3) The absence of any assignable cause. (4) The great relief by evacuation. (5) The rapid fattening during convalescence.

Dr. Carrington, referring to the possible existence of idiopathic abscess of the liver, said he had collected many examples of the disease, and in three could find no primary cause for its occurrence. One of these was that of a policeman, whose liver was riddled with abscesses, and who was but five days ill. Another case, recorded in the *Pathological Transactions*, was that of a woman, who died of some other disease, but whose liver was found, post-mortem, to contain numerous encapsulated abscesses. In a large proportion of these cases, as a rule, clinical symptoms were absent, the chief of these being tumid abdomen, with enlargement, and elevated temperature and feverishness.

Last year Dr. Wilks had under his care at Guy's Hospital a woman who was supposed to be the subject of suppuration of the liver, her symptoms being vomiting, diarrhea, and a temperature at times ascending to 103° or 104°. After death, it was found that cirrhosis of the liver existed, and Dr. Carrington concluded that a febrile temperature was probably more common in such cases than was usually supposed.

The President said that his experience did not lead him to expect that abscess of the liver would always suggest itself by the existence of the symptoms alluded to by Dr. Carrington. As an illustration of the meaning he wished to convey, he narrated the history of a case in point. The patient, a clergyman in the country, consulted him on account of illness from which he had been suffering for three weeks. Sir Andrew Clark concluded that a collection of matter existed in some place, and that to its presence the illness was attributable, but he could not make out its situation until chancing to detect a small area over the liver in which region a friction sound could be heard. On this evidence he diagnosed abscess of the liver, and in confirmation thereof thirteen ounces of pus were evacuated on an incision being made. He had four times succeeded in detecting abscess of the liver by means of this method of diagnosis, which offered obvious advantages when taken together with the better known evidence afforded by the presence of pneumonia.

Dr. Cullimore said he had been himself a sufferer from abscess of the liver, and he concurred in believing this affection might be present and unattended by an abdominal enlargement or tenderness. In his own case the abscess was punctured, and discharged by way of the lung. He would like to know if abscesses of any size had been found to exist in the absence of fever, for in December last he was consulted by a gentleman who came from India, and who was supposed to suffer from abscess of the liver. He had no fever, but some tenderness was present, and a catch in breathing. Having been previously attacked by malarial fever, and there being no rise of temperature, Dr. Cullimore concluded there was no abscess present; and since the time referred to the patient had noticed an occasional rise in his temperature, but unattended with sweating or jaundice. The tenderness and enlargement slowly subsided. Dr. Cullimore observed that, in his own case,

he could not register any rise of temperature when he suffered from congestion of the liver, but that when that organ became the seat of abscess there was a distinct access of fever. He considered that abscess of the liver might be caused by the guinea-worm, by aneurism following inflammation of the hepatic artery, and by accidental causes.

Dr. J. K. Fowler remarked that he had drawn attention, twelve months previously, to the importance of sweating and pleurisy as signs of abscess of the liver. He had been led to puncture the organ from the presence of these signs in his cases, and as a consequence obtained a supply of pus. He considered that elevation of body-heat did accompany abscess, and, as showing that absence of such rise indicated the absence of the disease, he instanced an experience obtained at the Middlesex Hospital, where a certain patient was supposed to have abscess of the liver, and puncture had been advised accordingly. Death occurred, however, before this was done, and the liver was found to be the seat of amyloid degeneration, but it contained no abscess.

Dr. Mahomed considered that two distinct classes of cases had been confused in the discussion, viz., large local abscesses, and small multiple abscesses, the latter a much more dangerous form and having pyemic tendencies. Was not Dr. West's an instance of this class of case? He (Dr. Mahomed) recently saw at the Fever Hospital a patient who was recognized by a nurse as suffering from malignant multiple abscess of the liver. This attendant had been in Egypt during the late war, and had seen many cases of a similar nature. Patients so affected avoided lying in a way that led to pressure on the right side of the body.—*Medical Press.*

SPASM OF THE MUSCLES OF THE FACE AND CATARACT DUE TO DENTAL IRRITATION. Mr. Henry Sewill, in a recent paper read before the Harveian Society of London, dealt with the case of a middle-aged lady, the subject of inveterate neuralgia, who, during late years, had suffered from alveolar abscesses, and, in 1881, had complained of recurring pains in the right eye, complicated since January, 1882, with persistent spasm of the right side of the face. In July, 1882, partial loss of sight of the right eye from cataract and partial closure of the same eye from spasm of the orbicularis were super-added. In July, 1883, she consulted Dr.

Ferrier, who advised extraction of offending teeth. Mr. Sewill found in the upper jaw the stumps of some molars and artificial bicuspid, incisors, and canines attached to a vulcanite plate which had not been removed for years. The right canine was completely broken down, and pus exuded from several fistulous openings in the gums. The lower teeth were hidden beneath an enormous mass of tartar. The treatment consisted in extraction of all the upper teeth in two sittings, and in gradual removal of the tartar from the lower teeth. Within two days of the extraction, the facial spasm entirely disappeared, but no change took place in the damaged lens. Mr. H. Power had lately stated, in a paper read before the Odontological Society, that dental lesions were very frequently the cause of certain diseases of the eye, to which should now be added cataract. The case recorded was probably an instance of trophic disturbance.

The President called attention to the frequency with which the ear was affected from the same cause. Mr. F. Treves referred to similar cases which had occurred in the practice of Mr. Hilton and of Dr. George Johnson. The case might lend support to the view that a nervous communication existed between the second division of the fifth nerve and the lenticular ganglion. Mr. Juler, from observations upon a large number of cases in which eye affections were associated with diseases of the teeth, was of opinion that the latter were even more commonly the cause of ocular and intra-ocular lesions than Mr. Sewill appeared to consider. Mr. Juler considered that the recent paper upon this subject by his colleague, Mr. Power, had been instrumental in calling the attention of the profession to a field of observation in which it had previously been almost asleep.—*British Medical Journal.*

RAIN-WATER.—Good water should be (1) at all seasons clear, transparent, bright, and when seen in large bulk, pure blue, the natural color of uncontaminated water; (2) it should be well aerated, holding in solution from seven to eight cubic inches of air per gallon, consisting of two or more cubic inches of oxygen and six of nitrogen; (3) it should have at its source a uniform temperature equal to the average of the climate for the year; (4) it should be free from living organisms, vegetable and animal, and from all dead, decomposing, organic matter, and should not dissolve lead; (5) it should

hold only a moderate quantity of mineral matter in solution, and thus be soft, and not deposit a coating of lime or magnesia when boiled.

Now, rain-water is only pure at the moment it leaves the clouds. In passing through the air it absorbs gases, takes up floating organic particles, especially near towns, as shown by Dr. Confield, by actual experiment, a half a mile from Manchester. These impurities from atmospheric sources, except in cities, are not excessive, yet care should be taken that they be not accidentally augmented, as when the first washings of the roof after a dry spell are allowed to go into the tank. To obviate this, three tanks are used in Italy, where the water is required for drinking purposes. Our own ruder tanks are plainly unfitted for the preservation of drinking-water. Rain-water, in proportion to its purity or softness, is more likely than hard water to dissolve lead. So leaden cisterns and fittings of all kinds are sometimes a source of danger. Thus rain-water does not satisfy the third or fourth of the above conditions of excellence, and because of its containing an insufficient quantity of salts, the fifth also. This lack of salts gives it an insipid taste, which, aside from the objections stated, makes it not the best for drinki g. But, wherever convenient, rain water should be kept as a reserve supply for drinking, when it will prove invaluable when other sources are contaminated by accident or epidemic. — *Titus Munson Coan, in Harper's Weekly.*

IRRITATION OF THE SEXUAL APPARATUS AS AN ETIOLOGICAL FACTOR IN THE PRODUCTION OF NASAL DISEASE.—The evil effects of undue excitation or disease of the generative apparatus upon the organs of sight and hearing are well known to specialists in these departments. In a very learned and interesting article in the April number of the *American Journal of the Medical Sciences*, Dr. John N. Mackenzie quotes authorities to prove the fact that immoderate indulgence in venery may lead to derangements of sight was familiar to Aristotle, and that the fathers of medicine recognized some mysterious connection between the ear and the reproductive functions, and that the intimate relationship between the genital organs and those of the throat and neck attracted the special attention of the ancients.

While historical facts point to the early recognition of the relationship between

overindulgence of the sexual powers and morbid conditions of the eye, ear, and throat, the special part which it plays in the production of nasal disease seems to have been heretofore overlooked, and Dr. Mackenzie has done good work in pointing out the intimate physiological relationship which exists between certain portions of the reproductive system and the erectile nasal tissue. Clinical observation has shown him that—

1. In a fair proportion of women suffering from nasal affections, the disease is greatly aggravated during the menstrual epoch, or when under the influence of sexual excitement.
2. Excessive indulgence in venery seems to have a tendency to initiate inflammation of the nasal mucous membrane, or to aggravate existing disease of that structure.
3. The same is true in regard to the confirmed habit of masturbation.
4. The coexistence of uterine or ovarian disease exerts sometimes an important influence on the clinical history of nasal inflammation.

These observations, therefore, encourage the belief, if they do not establish the fact, that the natural stimulation of the reproductive apparatus, as in coitus, menstruation, etc., when carried beyond its normal physiological bounds, or pathological states of the sexual apparatus, as in certain diseased conditions, or as the result of their overstimulation from venereal excess, masturbation, etc., are often the predisposing, and occasionally the exciting causes of nasal congestion and inflammation. Whether this occurs through reflex action, pure and simple, or as the sequel of an excitation in which several or all of the erectile structures of the body participate, the starting-point of the nasal disease is, in all probability, the repeated stimulation and congestion of the turbinated erectile tissue of the nose. It is highly probable that this erectile area, so sensitive to reflex-producing impressions, is the correlative of similar vascular areas in the reproductive tract, and that the phenomena observed may accordingly be explained by the doctrine of reflex or correlated action.

MICRO-ORGANISMS OF CROUPOUS PNEUMONIA.—The occurrence of a distinct form of micro-organism in the sputa of persons affected with croupous pneumonia, already demonstrated by Friedländer and others, has been rendered still more certain by ex-

periments made in Holland by Drs. Poel and Nolen. The former, having exceptional opportunities of examining the bodies of animals dead of pneumonia, found these micrococci in abundance, the capsule which has been described as their distinguishing characteristic being very plainly visible. Similar organisms were at the same time obtained from cases of pneumonia in the human subject, and specimens of each were cultivated in special media. The resulting micrococci were found to be microscopically identical. Inoculation experiments were then made with each cultivation separately, but the results obtained were again exactly similar. The identity of the virus in the pneumonia of men and animals would seem, by these experiments, to be clearly made out.—*Medical Times*.

LUPUS AND ITS RELATION TO TUBERCULOSIS.—The controversy over the nature of lupus has been enlivened and infused with a new interest since Koch's discovery of the tubercle bacillus. The disease is a comparatively rare one in this country, and therefore its diagnosis from diseases similar to it has frequently not been accurately differentiated. It is still an open question, and at present a much mooted one, whether lupus is not a local tuberculosis. Friedländer, Volkmann, and many other authorities state decidedly that it is, while Virchow, with many others agreeing, thinks that it is not. Both parties argue from microscopical investigation, and arrive at their respective conclusions in an apparently convincing manner.

Koch's discovery of the tubercle bacillus is now being used as a factor in the determination of the nature of these two diseases, and in an important paper on this subject in the April number of the *American Journal of the Medical Sciences*, Dr. Robert B. Morison gives the results of his investigations in this direction, from which he concludes that the presence of tubercle bacilli in lupus has not been satisfactorily proven.

RINGWORM, CHLOASMA, AND FAVUS.—The three diseases, ringworm, chloasma, and favus are the cryptogamic affections of the human skin. They are all contagious, and spread by contagion only, and are quite incapable of spontaneous development. Let me emphatically state my belief, that none of them require any predisposing conditions, excepting youth. In all

of them the first beginning of the growth is at a point, and from this point the fungus spread out at its edge, until a rounded area is involved. In ringworm only is there any tendency to the formation of rings, and, in spite of the name, this condition is exceptional; patches, not rings, are its ordinary condition. It is convenient to have one name for the whole family, and the name which has been adopted is that of *tinea*. *Tinea favosa*, or *lupinosa*, means favus. *Tinea versicolor* denotes chloasma; and *tinea tonsurans*, ringworm. But, employing the word *tinea* with this signification, we must get out of the habit of speaking of *tinea tarsi*, for the chronic inflammation of the roots of the eyelids—to which this latter name was formerly applied—has nothing to do with the presence of a cryptogam. Let the term *tinea* be wholly restricted to diseases which we believe to have been solely and wholly caused by the growth of a vegetable mold on the skin. Very interesting botanical questions arise as to the relationship and differences of the cryptogam present in these several diseases. But upon these I must not enter. We distinguish them under the microscope by the size of the threads and spores, and by the arrangement of the latter. But it is, as I have already hinted, by no means certain that these are not varying forms of the same fungus. They have received, however, different names, and by these we must know them. Professor Schönlein, the discoverer of the cryptogam in favus, has been honored by having the fungus named after him, the "*Achorion Schönleini*." That of chloasma is named "*Microsporon Furfurans*," and that of ringworm, "*Trichophyton Tonsurans*."—*Mr. Jonathan Hutchinson, in the Medical Times*.

SULPHATE OF COPPER IN OBSTETRIC PRACTICE.—M. Charpentier recommends sulphate of copper as an antiseptic in obstetrical practice. He has tested it, and arrives at the following conclusions: Solution of copper at 100° acts both as an antiseptic and disinfectant; its use is agreeable to the patients. It can be used for vaginal and uterine injections without the slightest danger or pain, even when there is erosion of the epithelium. It is a more energetic hemostatic than iron-perchloride. It may be used during the first eight or ten days, and applied several times, if necessary, in the space of twenty-four hours. A lowering of the temperature, and the pulse becoming

slow, are the only results. M. Charpentier used a solution of sulphate of copper in treating an abscess of the urethro-vaginal septum. The following day the fetid odor had disappeared, also the general symptoms characteristic of septicemia. Carbolic-acid solution had proved useless. In a case of vulvular thrombus, the patient was completely cured by the use of sulphate of copper, and reparation of the tissues of the affected area was effected without the presence of a drop of pus. M. Charpentier recommends that the solution of sulphate of copper at 100° should be heated to 36° or 38° Cent. (96.8° or 100.4° Fahr.)—*Paris Correspondent of the British Medical Journal.*

M. FERRÉ, Chief of the Municipal Laboratory of Bordeaux, in a note on the microscopic examination of vaccine-lymph, read by M. Brouardel at the Académie de Médecine, states that vaccine lymph contains different structural elements, such as lymphatic cells, blood-corpuscles, more or less misshapen molecular granular carbonate of ammonia, and a micro-organism which he believes to closely resemble that described by Jolyet. It is held in suspension in the fluid, or is observed on the surface of the corpuscles. It is surrounded by a bright ring, which allows it to be distinguished from granules. It is easily mistaken among structural elements which have undergone degeneration, as their degree of refraction is similar; the structural elements remain fixed, but the micro-organisms are endowed with movement; they measure from one to two or three thousandths of a millimeter. Examined with a low power, they appear round or crescent-shaped; with a higher power, they present a superior convex surface, and an inferior more or less concave. Two prolongations are situated at the same diameter on the inferior surface. This micro-organism is generally agminated; it was observed in the blood of different animals after vaccination.—*Ibid.*

BORACIC ACID.—At a meeting of the Vienna Medical Society, Professor Rosenthal observed that boracic acid is little soluble in water (one to twenty-six), but that a solution in hot glycerine (one to five) can be kept a long time without any fungus formations taking place. In cases of ammoniacal cystitis, in which balsams and turpentine are useful, but exert a mischievous effect upon the intestinal canal, as do also salicylic and benzoic acids, and in a slighter

degree chlorate of potash—boracic acid, given in doses of from one to one and a half grams per diem, acts as a mild acid and a good antiseptic, the urine at the end of several days becoming acid and free of bacteria. If two grams are combined with one hundred of water, and some glycerine or syrup of orange-peel is added, the patient will bear this daily dose for weeks, the bladder being washed out also with a two- or three-per-cent solution of the acid.—*Allgemeine Wiener Medicinische, Wochenschrift; Medical Times.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, May 11, 1884, to May 17, 1884.

Waters, William E., Major and Surgeon, ordered to report for temporary duty to the commanding officer at Plattsburg Barracks, N. Y. (Par 4, S. O. 90, Hdqrs. Dept. of East, May 10, 1884.) *Hubbard, Van Buren*, Major and Surgeon, relieved from further duty at Fort Stanton, N. M., and ordered to Fort Bayard, N. M., for duty. (Par 3, S. O. 96, Hdqrs. Dept. of Missouri, May 12, 1884.) *Moseley, E. B.*, Captain and Assistant Surgeon, assigned to temporary duty at Vancouver Barracks, Washington Territory. (Par 6, S. O. 59, Hdqrs. Dept. of Columbia, May 8, 1884.) *Wilcox, Timothy E.*, Captain and Assistant Surgeon, assigned to duty at Washington Barracks, D. C. (Par 2, S. O. 90, Hdqrs. Dept. of East, May 10, 1884.) *Wales, P. G.*, First-Lieutenant and Assistant Surgeon, assigned to duty at Old Fort Colville, Washington Territory, until further orders. (Par 3, S. O. 58, Hdqrs. Dept. of Columbia, May 7, 1884.)

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department United States Army, from May 18, 1884, to May 24, 1884.

Wilson, George F., First-Lieutenant and Assistant Surgeon, ordered to proceed to Fort Canby, Washington Territory, for temporary duty at that post, relieving Assistant Surgeon W. O. Owens, jr., U. S. A., who will report in person at these Headquarters for further orders. (Par 5, S. O. 62, Hdqrs. Dept. of Columbia, May 12, 1884.) *Sternberg, George M.*, Major and Surgeon, relieved from duty in the Department of the East, and ordered to report to the Surgeon-General of the Army for temporary duty. (Par 2, S. O. 115, A. G. O., May 17, 1884.) *Magruder, David L.*, Lieutenant-Colonel and Surgeon, ordered to be relieved from duty as medical director, Department of the Missouri, and to proceed to Philadelphia, Penn., and assume duties of attending surgeon and examiner of recruits in that city. *Fryes, Blencowe E.*, Major and Surgeon, from Dept. of Missouri, to Dept. of Dakota. *Ewen, Clarence*, Captain and Assistant Surgeon, from Dept. of Missouri, to Dept. of Platte. *Strong, Norton*, First-Lieutenant and Assistant Surgeon, from Dept. of Platte, to Dept. of Missouri. (Par 7, S. O. 115, A. G. O., May 17, 1884.)